

# CNATT TEMADD ORDERS REQUEST FORM

NAME (Last, First, MI):	RANK/RATE:	SSN:	WORK PHONE:
-------------------------	------------	------	-------------

REQUESTING ACTIVITY:

DEPARTURE DATE:	RETURN DATE:	TOTAL # OF DAYS:	GOVERNMENT CREDIT CARD: <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------	--------------	------------------	--

REASON FOR TRAVEL:	DESTINATION:
--------------------	--------------

LODGING REQUIREMENTS: <input type="checkbox"/> Commercial <input type="checkbox"/> Gov't BOQ/BEQ	TRANSPORTATION REQUIREMENTS: <input type="checkbox"/> Commercial Air <input type="checkbox"/> Gov't Air	<input type="checkbox"/> POV <input type="checkbox"/> RENTAL CAR <input type="checkbox"/> OTHER (specify) _____	CONFERENCE FEE: \$ _____
--	---	---	-----------------------------

IF traveler has made own lodging, transportation arrangement, etc., attach itinerary or indicate arrangements in the remarks section.

## ITINERARY PREFERENCE

DEPARTURE DATE:	<input type="checkbox"/> AM <input type="checkbox"/> PM	FROM:	TO:	ARRIVE NLT:
RETURN DATE:	<input type="checkbox"/> AM <input type="checkbox"/> PM	FROM:	TO:	ARRIVE NLT:

AIRLINE SEATS: <input type="checkbox"/> AISLE <input type="checkbox"/> WINDOW <input type="checkbox"/> SPECIAL NEEDS: _____	LODGING: <input type="checkbox"/> NON-SMOKING <input type="checkbox"/> SMOKING	RENTAL CAR: <input type="checkbox"/> COMPACT <input type="checkbox"/> FULL <input type="checkbox"/> MID-SIZE <input type="checkbox"/> OTHER _____
--	--	---

TRANSPORTATION \$	PER DIEM \$	MISCELLANEOUS \$	TOTAL \$	FUNDED BY <input type="checkbox"/> CNATT <input type="checkbox"/> OTHER _____
----------------------	----------------	---------------------	-------------	---

MEMBER'S SIGNATURE:	DATE:
---------------------	-------

DIRECTOR/CO/OIC SIGNATURE:	DATE:
----------------------------	-------

CNATT EXECUTIVE DIRECTOR:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE:	DATE:
---------------------------	---	------------	-------

## ACCOUNTING DATA INFORMATION (FOR COMPTROLLER USE ONLY)

APPROPRIATION SYMBOL (7)	SUBHEAD (4)	OBJECT CLASS (3)	BU CONT NUMBER (5)	SUB ALLOT NO. (1)
AUTH ACTTG ACCTY (6)	TYPE (2)	PROPERTY ACCTG ACCTY (6)	COST CODE (12)	
STANDARD DOCUMENT NUMBER (15)				

COMPTROLLER'S SIGNATURE:	DATE:
--------------------------	-------

REMARKS: